Instructions for Monthly Report of Operation - Activated Sludge Type Wastewater Treatment Plant - Expanded Form

State Form 10829 (R2 / 8-07)

Please direct questions or comments to Don Daily at 317/234-2579 or 800/451-6027 extension 4-2579, or by e-mail to ddaily@idem.IN.gov.

Instructions

General information (Facility Name, Permit Number, etc.) needs to be entered into the top box on the first page of January's report. This information will then show up on subsequent pages of the MRO automatically. However, should information change, the information can be changed on subsequent months (you'll need to use "Unfreeze Panes" under the "Window" menu selection to access that area on other months).

There are some blank columns. Simply type in column headings to use them.

If you are testing for TBOD rather than CBOD, please make that correction to the column headings.

For those columns that have "indefinite" headings (e.g. "hrs. or gal x 1000"), revise the heading to reflect your data. pH - if only one sample is taken per day, report that value only in the "low" column.

Notes

Generally, the weekly average shows up on Saturday of each week. The exception is when a week overlaps two months. When a week contains days from two months, the weekly average shows up on the month containing four or more of the days of that week. If most of the days occur in the first month, the weekly average shows up on the last day of that month.

"Freeze Panes" has been used to keep row and column labels visible as you scroll.

This feature can be turned off by selecting "Unfreeze Panes" under the Window menu selection.

Do not use "cut & paste" or the space bar to make corrections. Each will likely cause errors.

Round off the calculated numbers as appropriate when transferring the information to your DMR.

E. Coli - The formula in the "average" box actually calculates the geometric mean. The program converts "TNTC" to 63,200 and converts "0" to "1" when calculating the monthly geometric mean.

After the December tab is one titled "Summary". This is a summary of the data entered into the 12 months of MRO forms and is for your use if desired in preparing an annual report, etc.

The cells with a yellow background contain formulas that calculate the information for that cell from other data entered into the worksheet. Cells containing formulas are "locked" to prevent accidental modification. Should you find it necessary to remove the cell protection, the password is mro.

As with any important computer file, you should save a backup copy to a floppy disk or other location on a regular basis.

If the form doesn't print properly onto 5 pages, you'll need to adjust the print "scaling". Click on "File" and then "Page Setup" to find "scaling". You'll need to experiment to find the (lower) percentage that works for your printer.



imprisonment for knowing violations.

Name of Facility			Permit Numb	er	
Month	Year	Plant Desig	n Flow	Telephone	e Number
January	2008		mgd		
Facility's e-mail a	address (if availabl	le):			
Certified Operator:	Name	Class	Certificate	Number	Expiration Date

								Certified Operator. Name Class Certificate Number Expiration Date								
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Day Of Month Day of Week Man-Hours at Plant	(Plants less than 1 MGD only Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																

Signature of Certified Operator **Monthly Report of Operation** Date (month, day, year) **Activated Sludge Type Wastewater Treatment Plant** State Form 10829 (R2 / 8-07) Signature of principal executive officer or authorized agent Date (month, day, year) January 2008 PRIMARY **AERATION** SECONDARY FINAL EFFLUENT **EFFLUENT** MIXED LIQUOR RETURN SLUDGE **EFFLUENT** Settleable Solids % in 30 minutes Sludge Vol. Index - ml/gm Coli - colony/100 ml Dissolved Oxygen - mg/l Residual Chlorine -Final pH - daily high (if multiple samples) Dissolved Oxygen -mg/l Residual Chlorine -Contact Tank pH - daily low (or single sample) Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Phosphorus - mg/l emperature - F Day Of Month CBOD5 - mg/l CBOD5 - mg/l /olume - MG 3 4 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Avg. Мах. Min. Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

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ame of Facility	Permit Number	For Month Of:	Year
		January	200

	Signature of Certified Operator	Date (month, day, year)
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	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	FINAL EFFLUENT																
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[™] Day Of Month	S S Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 10829 (R2 / 8-07)

State I Offil 1002	.9 (112 / 0-07)		
lame of Facility	Permit Number	For Month Of:	Year
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		January	200
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Signature of Certified Operator	Date (<i>month, day, year</i>)
Signature of principal executive officer or authorized agent	Date (<i>month, day, year</i>)

	SLUD	GE TO					DIGESTER OPERATION							
	DIGE	STER	Ana	erobic (Only							Ę		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant							Signature of Certified Operator						Date (month, day, year)			
				ant												
State Fo	orm 108	29 (R2 /	8-07)				Signature o	of principal e	executive of	ficer or auth	orized agei	nt	Date (monti	h. dav. vear.)	
Name of Faci	lity	Permit Numb	er	For Month Of	:	Year	3							, , , , ,		
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Name of Facility			Permit Numb	er	
Month	Year	Plant Desig	n Flow	Telephon	e Number
February	2008		mgd		
Facility's e-mail	address (if available	e):		<u>-</u>	
Certified Operator:	Name	Class	Certificate	Number	Expiration Date

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Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																		

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07) Signature of Certified Operator

For Month Of: February

2008

Permit Number

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)
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Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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ame of Facility	Permit Number	For Month Of:	Year
		February	2008

	Signature of Certified Operator	Date (<i>month, day, year</i>)
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-	Signature of principal executive officer or authorized agent	Date (month, day, year)
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		FINAL EFFLUENT															
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Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	cBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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				Total Monthly Flow:
BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
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				(actual flow/design)
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State Form 10829 (R2 / 8-07)

ne of Facility	Permit Number	For Month Of:	Year
		February	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUD	GE TO					DIGESTER OPERATION							
	DIGE	STER	Ana	erobic (Only							_		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:

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Name of Facility			Permit Numb	er	
Month	Year	Plant Desig	n Flow	Telephone	e Number
March	2008		mgd		
Facility's e-mail	l address (if available)	:			
Certified Operato	r: Name	Class	Certificate	Number	Evniration Date

Total= CHEMICALS								RAW SEWAGE											
		(Śļu	al)	Total=		wol	CF	USED	LS				KAW	SEWAG	iE				
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	рН	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l		
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prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the							stem luate	Ü											
										Signature of	principal e	executive of	ficer or autho	rized agent	Date	e (month, d	day, year)		
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pena	Ities fo	r submi	tting fals	e inform	ation,														
	penalties for submitting false information, including the possibility of fine and mprisonment for knowing violations.																		

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07) Signature of Certified Operator Signature of Certified Operator

State Form 10829 (R2 / 8-07)				Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year		1
		March	2008		
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Date (month, day, year)

	PRIM	MARY			AE	RATIO	N			SECONDARY FINAL EFFLUENT								
	EFFL	UENT		MIXE	D LIQUOI			RETURN	SLUDGE		UENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

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ame of Facility	Permit Number	For Month Of:	Year
		March	200

	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	FI	ow		ВС)D		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	er
Day Of Month	Day or week Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	cBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 10829 (R2 / 8-07)

me of Facility	Permit Number	For Month Of:	Year
		March	2008

	Signature of Certified Operator	Date (month, day, year)
		D 1 (")
-	Signature of principal executive officer or authorized agent	Date (<i>month, day, year)</i>
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	SLUD	GE TO					DIG	ESTER (OPERA1	TION		-	
	DIGE	STER	Ana	erobic (Only								
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:

Manth	Monthly Report of Operation						Signature of Certified Operator							Date (month, day, year)			
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State Fo		29 (R2 / 8 Permit Numb		For Month Of	:	Year	Signature o	of principal e	executive of	ficer or auth	orized ager	nt	Date	e (<i>month, da</i>	ay, year)		
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Name of Facilit	у		Permit Numb	er	
Month	Year	Plant Desig	n Flow	Telephone	Number
April	2008		mgd		
Facility's e-m	ail address (if available	e):			
Certified Opera	itor: Name	Class	Certificate	Number	Expiration Date

					•				_	RAW SEWAGE								
		(<u>Ş</u> -) E	Total=		wol	CI	HEMICAI USED	LS				RAW	SEWAG	iΕ			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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pena	Ities fo	r submi	tting fals		nation,			are signifessibility of										

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07) Signature of Certified Operator Signature of Certified Operator

State Form 10829 (R2 / 8-07)				Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year		
		April	2008		

Date (month, day, year)

	PRIM	//ARY			AE	RATIO	N			SECO	NDARY	FINAL EFFLUENT						
	EFFL	UENT		MIXE	D LIQUOI	₹		RETURN	SLUDGE		UENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State	Form	10829	(R2)	/ 8-07)	

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ame of Facility	Permit Number	For Month Of:	Year
		April	2008
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	Signature of Certified Operator	Date (month, day, year)
	·	
	Signature of principal executive officer or authorized agent	Date (month, day, year)
Ξ		' ' ' ' ' ' '

	FINAL EFFLUENT																
		FI	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amn	onia		Oth	ner
. Day Of Month		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	MONTHLY REMOVAL SUMMARY											
Percent Removal	(million gallons)											
Primary Treatment												
Secondary Treatment		Percent Capacity										
Tertiary Treatment					(actual flow/design)							
Overall Treatment												

State Form 10829 (R2 / 8-07)

me of Facility	Permit Number	For Month Of:	Year
		April	2008

	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUD	GE TO					DIGESTER OPERATION							
	DIGE	STER	Ana	erobic (Only							Ę		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Нф	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:

Activa	ted Slu	ort of (udge T Treatm	ype				Signature of Certified Operator						Da	Date (month, day, year)			
State Fo	orm 1082	29 (R2 / 8	8-07)				Signature o	of principal e	executive of	ficer or auth	orized ager	nt	Da	te (<i>month, d</i>	ay, year)		
ame of Faci	lity	Permit Numb	er	For Month Of		Year	3				,			,	<i>y.y.</i> ,		
		Substitute	for State	April Form 3053	n	2008											
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Name of Facility			Permit Numb	per
Month	Year	Plant Desig	n Flow	Telephone Number
May	2008		mgd	
Facility's e-mail add	ress (if available):			
	ress (if available):	Class	mgd	Number Evereti

		S S	(Total=		WC	CI	HEMICA	LS	RAW SEWAGE								
ıth	¥	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	- Inches	Plant Site rred)	Collection System Overflow ("x" If Occurred)	sq	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	w Rate MGD		g/l	ω	l/gm - s	sql - s	/bm - s	mg/l	
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 l	Air Temper	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection Syste ("x" If Occurred)	Chlorine - Lbs			Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
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Signature of Certified Operator **Monthly Report of Operation** Activated Sludge Type

riotivatoa olaago iyp	•				
Wastewater Treatmer	nt Plant				
State Form 10829 (R2 / 8-0	7)			Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year		
		May	2008		

Date (month, day, year)

	PDIM	MARY			۸⊏	RATIO	N		SECONDARY FINAL EFFLUENT									
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Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

riate : e 10020 (112 / 0 0	• /		
ame of Facility	Permit Number	For Month Of:	Year
		Мау	2008

Signature of Certified Operator	Date (<i>month, day, year</i>)
Signature of principal executive officer or authorized agent	Date (<i>month, day, year</i>)

	FINAL EFFLUENT Flow BOD Total Suspended Solids Ammonia Othe																
		Flo	w		ВС	DD		Tota	al Suspe	nded So	olids		Amn	onia		Oth	ner
	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:										
Percent Removal	Percent Removal BOD5 S.S. Ammonia Phosphorus										
Primary Treatment											
Secondary Treatment					Percent Capacity						
Tertiary Treatment					(actual flow/design)						
Overall Treatment											

State Form 10829 (R2 / 8-07)

ame of Facility	Permit Number	For Month Of:	Year
		May	2008

	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUD	GE TO	I				DIG	ESTER (OPERA	TION			
	DIGE	STER	Ana	erobic (Only							c	
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:

Monthly Report of Operation Activated Sludge Type							Signature of Certified Operator Date (month, day, year)									
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		Treatm		ant												
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Name of Facilit	у	P	ermit Number	
Month	Year	Plant Design I	Flow Telephon	ne Number
June	2008	r	mgd	
Facility's e-m	ail address (if available):		
Certified Opera	tor: Name	Class	Certificate Number	Expiration Date

CHEMICALS **RAW SEWAGE** Collection System Overflow Man-Hours at Plant (Plants less than 1 MGD only) **USED** Air Temperature (optional) os/Day or Gal./Day Lbs/Day or Gal./Day Lbs/Day recipitation - Inches Bypass At Plant Site Susp. Solids - mg/l nfluent Flow Rate Phosphorus - mg/l if metered) MGD Susp. Solids - lbs ("x" If Occurred) ("x" If Occurred) \mmonia - mg/l Chlorine - Lbs CBOD5 - mg/l Day Of Month Day of Week CBOD5 - lbs 등 Sun Mon 3 Tue 4 Wed 5 Thu 6 Fri Sat 8 Sun 9 Mon 10 Tue 11 Wed 12 Thu 13 Fri 14 Sat 15 Sun 16 Mon 17 Tue 18 Wed 19 Thu 20 Fri 21 Sat 22 Sun 23 Mon 24 Tue 25 Wed 26 Thu 27 Fri 28 Sat 29 Sun 30 Mon Average Maximum Minimum No. of Data Signature of Certified Operator Date (month, day, year) certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the Signature of principal executive officer or authorized agent Date (month, day, year) information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07) Name of Facility Permit Number For Month Of: Year Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent Date (month, day, year)

2008

June

	PRIM	IARY			ΑE	RATIO	N			SECO	NDARY							
	EFFL	UENT		MIXE	D LIQUO	R		RETURN	SLUDGE		UENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

state FUIII 10029 (R2 / 0-07)		
ame of Facility	Permit Number	For Month Of:	Year
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		luna	200
		June	200

	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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							FI	NAL EF	FLUENT					· ·			
		Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 10829 (R2 / 8-07)

ame of Facility Permit Number For Month Of: Year	
June 2	200

	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUD	GE TO					DIG	ESTER (OPERA1	TION			
	DIGE	STER	Ana	erobic (Only							Ę	
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:

N/ a .a.4.la	l. Dan		O 1	! -		ı	Signature of Certified Operator							Date (month, day, year)			
			Operati	ion			Signature	n certineu (эрегатог				Dai	e (monur, u	ay, year)		
Activa	ted Si	udge T	ype														
			ent Pla	ant													
		29 (R2 / 8					Signature o	of principal e	executive of	ficer or auth	orized ager	nt	Dat	e (<i>month, d</i>	ay, year)		
Name of Faci	lity	Permit Numb	er	For Month Of		Year					_						
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Name of Facility	ý		Permit Numl	ber
Month	Year	Plant Desig	n Flow	Telephone Number
July	2008		mgd	
Facility's e-ma	ail address (if available	e):		

					,					Certified Ope	rator: Nar	ne		Class	Certificate	Number	Expirati	on Date
		<u>S</u>	<u>(</u>	Total=		WO	CI	HEMICA USED	LS				RAW	SEWAG	βE			
Day Of Month E										Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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Aver Maxi																		
	Maximum Minimum																	
	No. of Data																	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the									Signature of			Goor or	dand cool		Date monti			
information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										ринсіраі (executive of	ficer or autho	nzeu agent		Date <i>monti</i>	ı, uay, ye	ai)	

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07) Name of Facility Permit Number For Month Of: Year July July Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent Date (month, day, year)

	PRIM	MARY			AE	RATIO	N			SECONDARY FINAL EFFLUENT								
	EFFL	UENT		MIXE	D LIQUOI			RETURN	SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State	Form	10829	(R2)	(8-07)	

state 1 01111 10020 (112 / 0 01	,		
lame of Facility	Permit Number	For Month Of:	Year
		July	200

1	Signature of Certified Operator	Date (month, day, year)
	orginature of continue operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)

		FINAL EFFLUENT															
		Flo	ow	BOD					al Suspe	olids	Ammonia				Oth	er	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 10829 (R2 / 8-07)

ame of Facility	Permit Number	For Month Of:	Year
		July	2008
			•

	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUD	SLUDGE TO						DIGESTER OPERATION						
	DIGESTER Anaerobic Only													
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Нd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:

Monthly Report of Operation Activated Sludge Type						Signature of Certified Operator						Date (month, day, year)			
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State Fo							C!	funda ! !		C ''		.1	D-t- / "		\
Name of Faci	lity	Permit Numb		For Month Of	:	Year	Signature o	or principal e	executive of	ficer or auth	iorized agei	ıτ	Date (<i>month</i>	n, day, year)
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		only	nal)			iflo		USED	<u> </u>			I	I			Ī		
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant										Certified (ficer or autho	rized agent		ate (<i>monti</i> ate (<i>monti</i>			
	elief, true, accurate, and complete. I am aware that there are significant enalties for submitting false information, including the possibility of fine and																	

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07) Name of Facility Permit Number August Permit Number August Permit Number Signature of Certified Operator Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent August Date (month, day, year)

	PRIM	MARY		NDARY	final Effluent													
	EFFL	UENT		MIXE	D LIQUOI	RATIO ≀		RETURN	SLUDGE		EFFLUENT I III LE 211 202111							
			s % in 30				Щ					rine -	rine -	y/100 ml	ple)	nples)	rgen -	mg/l
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature ·	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 10829 (R2 / 8-07	7)			Signature of principal executive officer or authorized a
Name of Facility	Permit Number	For Month Of:	Year	-

August

2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)
	, , , , , ,

		FINAL EFFLUENT															
		Fle	w		ВС	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	er
Day Of Month		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:			
Percent Removal	Phosphorus	(million gallons)		
Primary Treatment				
Secondary Treatment				Percent Capacity
Tertiary Treatment				(actual flow/design)
Overall Treatment				

State Form 10829 (R2 / 8-07)

lame of Facility	Permit Number	For Month Of:	Year
		August	2008

	Signature of Certified Operator	Date (<i>month, day, year</i>)
	Signature of principal executive officer or authorized agent	Date (<i>month, day, year</i>)
_		

	SLUD	GE TO					DIGESTER OPERATION							
	DIGE	STER	Ana	erobic (Only							_		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:

Activa Waste	ted SI water	oort of (udge T Treatm	ype ent Pla				Signature of Certified Operator						Date (month, day, year)		
State Fo		Permit Numb		For Month Of	:	Year 2008		of principal (executive of	ficer or auth	orized agei	nt	Date (<i>monti</i>	n, day, year)
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Name of Facility			Permit Numb	er	
Month	Year	Plant Desig	ın Flow	Telephone	Number
September	2008		mgd		
Facility's e-mail a	ddress (if available):				
Certified Operator:	Name	Class	Certificate	Number	Expiration Date

										Certified Ope	rator: Nar	ne		Class	Certificate	Number	Expirati	on Date
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		only)	Jal)			rflow		USED				T			1			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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No. of Data I certify under penalty of law that this document and all attachments were									were	Signature of	Certified (Operator			D	ate (<i>monti</i>	h, day, ye	ar)
prep desig the in the s infor	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and								stem lluate manage ge and	Signature of	principal e	executive of	ficer or autho	rized agent	D	Date (<i>monti</i>	h, day, ye	ar)
pena	belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																	

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07) Name of Facility Permit Number For Month Of: September 2008 Signature of Certified Operator Date (month, day, year) Signature of principal or executive or athroized agent Date (month, day, year)

	PRIM	IARY	AERATION							SECONDARY FINAL EFFLUENT								
	EFFL	UENT		MIXE	ED LIQUOI			RETURN	SLUDGE		UENT			IIIAL	LIILO	LIVI		
		OLIVI	90	IVIIXL				KLTOKN	SLODGL		OLIVI			E				
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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State Form 10829 (R2 / 8-07

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me of Facility		Permit Number	For Month Of:	Year
			September	200

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	Signature of Certified Operator	Date (month, day, year)
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	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	FINAL EFFLUENT Flow BOD Total Suspended Solids Ammonia Other															
	Fle	ow		ВС)D		Tota	l Suspe	nded So	olids		Amn	nonia	ia Other		
Day Of Month Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 10829 (R2 / 8-07)

ame of Facility	Permit Number	For Month Of:	Year
		September	2008

	Signature of Certified Operator	Date (month, day, year)
	3	1
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUD	GE TO					DIGESTER OPERATION							
	DIGE	GE TO STER	Ana	erobic (Only		<u> </u>	<u></u>				_		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant							Signature of Certified Operator Date (month,							n, day, year)	
		29 (R2 / 8					Signature o	of principal c	vecutive off	ficer or auth	nrized ager	nt		Date (month	day yoar	١
ame of Facil		Permit Numb		For Month Of	:	Year	Signature of principal executive officer or authorized agent Date (month, day, year)									,
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Name of Facility			Permit Number				
Month	Year	Plant Desig	n Flow	Telephone Number			
October	2008		mgd				
Facility's e-mail addr	ess (if available):						

Total= 3 CHEMICA								Certified Ope	rator: Nar	ne		Class	Certificate	Number	Expirati	on Date		
		Ŕ		Total=		W	Cl		_S				RAW	SEWAG	iΕ			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or SG Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant						stem luate manage ge and icant	Signature of Signature of			ficer or author	rized agent		ate (<i>monti</i> ate (<i>monti</i>					
penalties for submitting false information, including the possibility of fine ar imprisonment for knowing violations.						fine and												

Monthly Report of Operation Signature of Certified Operator Date (month, day, year) **Activated Sludge Type Wastewater Treatment Plant** State Form 10829 (R2 / 8-07) Signature of principal executive officer or authorized agent Date (month, day, year) ermit Number For Month Of: 2008

October

PRIMARY EFFLUENT		IARY			ΑE	RATIO	N			SECO	NDARY			FINAL	EFFLU	ENT		
	EFFL	UENT		MIXE	D LIQUOI	R		RETURN	SLUDGE	EFFL	UENT			-				
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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ame of Facility		Permit Number	For Month Of:	Year
			October	2008

Signature of Certified Operator	Date (<i>month, day, year</i>)
Signature of principal executive officer or authorized agent	Date (<i>month, day, year</i>)

							FI		FLUENT			Ammonia					
		Flo	w		ВС	DD		Tota	al Suspe	nded So	olids		Amn	onia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 10829 (R2 / 8-07)

	, ,		
Name of Facility	Permit Number	For Month Of:	Year
		October	2008

	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUD	GE TO					DIG	ESTER (OPERAT	TION			
	DIGE	STER	Ana	erobic (Only		5.0		J			_	
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant							Signature of Certified Operator							Date (month, day, year)			
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lame of Faci	lity	Permit Numb		For Month Of	:	Year	Signature o	of principal e	executive of	ficer or auth	orized ager	nt		Date (<i>month</i>	, day, year))	
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		Substitute	for State I	orm 3053		2000											
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Name of Facility			Permit Nur	nber
Month	Year	Plant Desig	n Flow	Telephone Number
November	2008		mgd	
Facility's e-mail a	ddress (if available	e):		

State Form 10829 (R2 / 8-07)									racility's e-	maii addi	ess (ii ava	liable):						
										Certified Ope	erator: Nar	ne		Class	Certificate	Number	Expirati	ion Date
				Total=		1. 1	С	HEMICA	LS				RAW	SEWAG	<u> </u> 3E			
		only)	ial)			flow		USED										
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.									principal (executive of	fficer or autho	rizea agent	טן	ate (<i>mont</i>	п, аау, уе	var)		

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07) Name of Facility Signature of Certified Operator Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent Date (month, day, year)

2008

November

	PRIMARY AERATION						SECONDARY FINAL EFFLUENT											
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Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07) Name of Facility

For Month Of:

November

Year

Permit Number

	Signature of Certified Operator	Date (month, day, year)
ar	Signature of principal executive officer or authorized agent	Date (month, day, year)
2008		

		FINAL EFFLUENT															
		FI	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amm	onia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 10829 (R2 / 8-07)

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Name of Facility	Permit Number	For Month Of:	Year
		November	2008

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	Signature of Certified Operator	Date (month, day, year)
	Cignoture of principal executive officer or authorized agent	Data (manth day year)
-	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUD	GE TO					DIG	ESTER (OPERAT	TION		l	
	DIGE	GE TO STER	Ana	erobic (Only							_	
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant State Form 10829 (R2 / 8-07)							Signature of Certified Operator						Dat	Date (month, day, year)			
							Signature of principal executive officer or authorized agent Date (month, day, year)										
Name of Facil	ity	Permit Numb	oer	For Month Of		Year		1h,						,, u	J. J /		
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Name of Facility			Permit Num	iber	
Month	Year	Plant Des	sign Flow	Telephon	e Number
December	2008		mgd		
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Certified Operator:	Name	Class	Certificate	e Number	Expiration Date

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Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	рН	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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Monthly Report of Operation Signature of Certified Operator Date (month, day, year) **Activated Sludge Type Wastewater Treatment Plant** State Form 10829 (R2 / 8-07) Signature of principal executive officer or authorized agent Date (month, day, year) December 2008 **PRIMARY AERATION** FINAL EFFLUENT SECONDARY **EFFLUENT** MIXED LIQUOR RETURN SLUDGE **EFFLUENT** Sludge Vol. Index - ml/gm Settleable Solids % in 30 minutes Coli - colony/100 ml pH - daily high (if multiple samples) pH - daily low (or single sample) Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Dissolved Oxygen Residual Chlorine Contact Tank Residual Chlorine Final Dissolved Oxygen mg/l Phosphorus - mg/l Temperature - F CBOD5 - mg/l Day Of Month CBOD5 - mg/l /olume - MG 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Avg. Мах. Min. Data

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

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ame of Facility	Permit Number	For Month Of:	Year
		December	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

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	l	Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amm	nonia		Oth	ner
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 10829 (R2 / 8-07)

me of Facility	Permit Number	For Month Of:	Year
		December	200

	Signature of Certified Operator	Date (<i>month, day, year</i>)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUDGE TO DIGESTER Anaerobic Only						DIG	ESTER (OPERAT	ION			
	DIGE	STER	Ana	erobic (Only							_	
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:

/lonth	ly Rep	ort of (Operati	ion			Signature of Certified Operator								Date (month, day, year)				
ACTIVA Masta	ited Sil	udge T Treatm	ype	nnt															
		11 ea in 29 (R2 / 8		arit															
ame of Faci		Permit Numb		For Month Of		Year	Signature of	of principal e	executive of	ficer or auth	orized agei	nt		Date (<i>montl</i>	h, day, year)			
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Annual Summation of	Monthly	Reports of	Operation
	2008		

Plant Design Flow	
Annual Average Flow	
Capacity Used	

	PERCENT R	EMOVAL SUMN	MARY	
	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment				
Secondary Treatment				
Tertiary Treatment				
Overall Treatment				

Precipitation - Inches Bypass At Plant Site ("x" if Occurred) Collection System Overflow ("x" if Occurred) Cal./Day or Gal./Day or Gal./Day or Gal./Day or Gal./Day or Josephorus - mg/l CBOD5 - mg/l Ammonia - mg/l CBOD5 - mg/l CBOD5 - mg/l CBOD5 - mg/l Ammonia - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Suldge vol. Index - ml/gm/Suldge of the collection of the col	EFFLUENT
ation - Inches ation - Inches ation - Inches At Plant Site ccurred) an System Ove ccurred) an System Ove Gal./Day or Gal./Day or Gal./Day orus - mg/l a - mg/l a - mg/l a - mg/l olids - mg/l e Solids % in 30 e Solids - mg/l olids - mg/l olids - mg/l - MG ad Oxygen - MG	
	CBOD5 - mg/l Susp. Solids - mg/l
Average Average	
Maximum Service Servic	
Minimum	
Totals Control	
No. of Data	
Estimated Annual Totals (Average X 365)	

											FIN	AL EFFL	UENT										SLUD	GE TO	
							Fle	ow		В	OD		Total	Suspen	ded So	lids		Amm	onia		Otl	ner	DIGE	STER	
	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Нd	Dissolved Oxygen - mg/l	Phosphorus - mg/l	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Sdl - Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)		Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	
Average																									
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Minimum																									
Totals																									
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Estimated An	stimated Annual Totals (Average X 365)																								

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	Ana	erobic (Only					g	-	۸n								
	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incomin Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrav hrs. or Gal. x 1000								
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Totals																		
No. of Data																		